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# REVIEW OF POPULATION TRENDS, POLICIES AND PROGRAMMES: MONITORING OF MULTILATERAL POPULATION ASSISTANCE

## Activities of the United Nations Population Fund

## Report of the Executive Director of the United Nations Population Fund

**SUMMARY**

The present report has been prepared in response to Economic and Social Council resolution 1987/72, in which the Council requested the Executive Director of the United Nations Population Fund, inter alia, to continue to submit to the Population Commission, on a regular basis, reports on the activities of the Fund. It examines the Fund's efforts to further strengthen programme effectiveness in 1993 and 1994, reviews various topics of special interest, highlights UNFPA financial and administrative matters, notes the implications of the International Conference on Population and Development, held at Cairo in September 1994, for the UNFPA programme of work and reviews the steps the Fund has taken in preparation for the Fourth World Conference on Women, to be held at Beijing in September 1995.

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## INTRODUCTION

1. The present report has been prepared in response to Economic and Social Council resolution 1987/72, in which the Council requested the Executive Director of the United Nations Population Fund (UNFPA) to continue to submit to the Population Commission, on a regular basis, reports on the activities of the Fund.

2. This is the fifth report of the Executive Director on the activities of the Fund. The first report (E/CN.9/1987/5) provided a brief summary of the mandate and principles of UNFPA and the approaches the Fund uses to implement its programmes. The second report (E/CN.9/1989/6) highlighted the important developments that had taken place in the UNFPA programme in the two years since the first report. The third report (E/CN.9/1991/9) examined the activities of UNFPA in 1989 and 1990, in particular as they related to the Fund's efforts to improve the quality, effectiveness and outreach of its programme. The fourth report (E/CN.9/1994/8) supplemented the information provided in the third report, highlighting the Fund's efforts during the period 1991-1993 to strengthen the effectiveness of its programme.

3. The present report examines the Fund's efforts to further strengthen programme effectiveness in 1993 and 1994, in particular its efforts to build upon existing family planning programmes and to provide family planning services within the broader framework of sound reproductive health-care services. The report also examines recent activities in the areas of information, education and communication (IEC), data collection and analysis, and population and development; reviews various topics of special interest; highlights UNFPA financial and administrative matters; notes the implications of the International Conference on Population and Development for the UNFPA programme of work; and reviews the steps the Fund has taken in preparation for the upcoming Fourth World Conference on Women to be held at Beijing, in September 1995.

4. The present report reflects UNFPA's efforts to make extensive use of monitoring and evaluation exercises, both as a means of ensuring that UNFPA-supported activities produce intended results and as an indispensable tool in sharpening the strategic focus of the Fund's assistance.

## I. STRENGTHENING PROGRAMME EFFECTIVENESS IN 1993 AND 1994

5. The effort to broaden the scope of the UNFPA programme to encompass a more comprehensive reproductive health-care approach was one of the most notable features of the Fund's work during 1993 and 1994. This was accompanied by efforts to satisfy unmet needs and to contribute to the empowerment of women, notably by activities aimed at enhancing women's economic status and exploring the linkages between women's economic activities and reproductive behaviour. The importance of such an approach was emphasized in the Programme of Action adopted by the International Conference on Population and Development. 1/ UNFPA also sought to strengthen and refine its programme process, focusing on strategic programming and its requisite policy and technical assistance.

## A. Reproductive health and family planning

6. Three fundamental elements guided UNFPA assistance in this area: first, improving the quality of family planning programmes; second, adopting a more comprehensive approach to reproductive health care where family planning services are provided within the framework of reproductive health services; and third, empowering women in terms of reproductive rights and reproductive freedom. The Fund also formulated a policy paper to guide UNFPA humanitarian assistance aimed at meeting the reproductive health needs of women and adolescents during emergencies and other difficult situations.

### 1. Improving the quality of family planning services

7. The quality of family planning services has increasingly been recognized as one of the most important determinants of whether or not people accept and continue to use contraceptives. UNFPA's Guidelines for UNFPA Support to Family Planning Programmes encourage activities to improve the quality of family planning services, emphasizing the need to expand the availability of such services and to enhance their social acceptability and effectiveness.

8. In 1993, UNFPA organized a thematic evaluation of family planning services in eight countries to assess the quality of such services along six dimensions: choice of methods; technical competence of service providers; level of information and counselling available to clients; nature of interpersonal relations between service providers and clients; the presence of mechanisms within the programme to promote continued contraceptive use; and the appropriateness and acceptability of services.

9. The evaluation found that UNFPA's support had contributed significantly to improving women's access to family planning services in the eight countries visited. Family planning services were being delivered in facilities located within a reasonable distance of clients; a variety of contraceptive methods were available; service providers had had some kind of training and generally had a positive attitude towards their work and their clients; and basic medical equipment was in place. In addition, elementary management systems had been implemented with relative success, enabling most of the facilities to operate smoothly.

10. However, the findings also highlighted several important limitations related to the quality of family planning services. For example, the evaluation found that while all eight countries provided at least four methods of contraception (oral pills, intra-uterine devices (IUDs), tubal ligation and condoms), the choice of methods available to clients was limited by various factors, including the tendency among Governments and providers to encourage certain methods at the expense of others and the fact that contraceptive services were almost exclusively oriented towards female clients. The evaluation also found that the technical competence of service providers varied greatly, that countries often lacked the basic infrastructure and equipment needed for effective service delivery and that family planning services were sometimes neglected in favour of other health-care services. It further noted that the lack of follow-up mechanisms and inadequate record-keeping had limited

the capacity of service providers to ensure client satisfaction and effective, continuous contraceptive use.

11. Although most service providers interviewed had had some training in family planning, that training was often insufficient for the services provided. Moreover, service providers seldom screened clients for contraceptive contra-indications or paid adequate attention to clients' complaints about side-effects. Such shortcomings were compounded by inadequate supervision, which was found at times to be too weak, infrequent and insufficient to ensure effective service delivery.

12. The evaluation further found that while nearly all UNFPA-supported maternal and child health and family planning (MCH/FP) projects explicitly identified improving the quality of services as one of their objectives, project strategies and activities did not always focus adequately on quality issues or specify key indicators that could help in determining whether project inputs were having the desired effect. This contributed to the related problem of placing too great an emphasis on quantity over quality, since programme performance tended to be measured in quantitative terms, such as the number of clients served and the amount and types of contraceptives provided.

13. The evaluation yielded a number of recommendations, including the following: (a) the mix of contraceptive methods should be sufficiently diverse to meet the needs of all users; (b) the choice of method should rest with the user not with the service providers; (c) more emphasis should be placed on promoting male contraception; (d) particular attention should be given to providing clients with complete, accurate and understandable information on available contraceptive methods; (e) service providers should be trained on the job in clinical skills and in interpersonal communications and counselling; and (f) mechanisms to ensure adequate follow-up of family planning acceptors should be developed or strengthened and practical and simple record-keeping systems should be developed and institutionalized; and (g) supervisors should be trained to monitor the quality of the services delivered (rather than just the outcomes as indicated by service statistics) and to give technical advice in a supportive way.

## 2. Integrating family planning into reproductive health care

14. UNFPA regards family planning as a central component of reproductive health care: it allows couples and individuals to meet their reproductive goals; is essential in reducing maternal mortality and morbidity; is indispensable in reducing the incidence of abortion; and contributes to efforts to prevent the transmission of reproductive tract infections, including sexually transmitted diseases, including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The Fund recognizes that family planning programmes work best when they are linked to broader reproductive health programmes and when women are fully involved in the design, delivery, management and evaluation of services. UNFPA therefore promotes an integrated programme approach that seeks to make family planning services available to all who need and want them and to help couples and individuals satisfy their reproductive needs and goals.

15. The challenges in the area of reproductive health care/family planning range from understanding people's fertility behaviour and satisfying their family planning needs, to preventing unsafe abortion and to aggressively combating the spread of sexually transmitted diseases and HIV/AIDS. Meeting those challenges requires designing and implementing effective ways of delivering integrated services to all those who desire them, but especially to hard-to-reach populations and those at increased risk of sexually transmitted diseases and HIV infection. Such services must be adapted to specific socio-cultural contexts; be extended to poor women, minorities, unmarried women and adolescents; promote healthy and responsible reproductive behaviour; pay special attention to young adults and men; and promote the use of condoms and other barrier methods of contraception.

16. UNFPA support is predicated on a number of basic principles, all of which are in consonance with the principles of the Programme of Action adopted by the Cairo Conference. First and foremost is the fundamental principle that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. The Fund thus rejects any form of coercion and any form of incentives for either acceptors or service providers that might compromise informed and voluntary choice.

17. UNFPA promotes programmes that (a) are designed on the basis of meeting the needs of couples and individuals, not on the basis of meeting targets on quotas; (b) seek to assure the highest level of quality of care; (c) involve non-governmental, private, professional and other voluntary organizations, especially women's organizations, in the planning, implementation and monitoring of reproductive health services; (d) provide a constellation of integrated services to meet the reproductive health needs of women and men; (e) match services provided with the demand created by IEC programmes; and (f) provide greater and, to the extent possible, more flexible support for local costs, particularly at the primary health-care level in those countries that still require assistance to strengthen basic infrastructure.

18. UNFPA support for reproductive health programmes is likely to include (a) the full spectrum of family planning information and services, including counselling and follow-up services, aimed at all couples and individuals; (b) prenatal, delivery and postnatal care of mothers at the primary health-care level, with appropriate referral for the management of obstetric complications; (c) prevention of abortion, management of the consequences of abortion, and post-abortion counselling and family planning; (d) prevention of reproductive tract infections through preventive counselling and condom distribution; (e) prevention of infertility and sub-fecundity; and (f) routine reproductive health check-ups for women.

19. UNFPA recognizes that it will be difficult to satisfy women's family planning and reproductive health needs without the support of men, not only as husbands and partners but also as policy and decision makers and community and religious leaders. Efforts to involve men as responsible partners in helping to satisfy such needs take on a special urgency given the rapid spread of HIV/AIDS and the potential improvement in reproductive health that would follow if programmes promoted male participation as well as male methods as part of the

contraceptive choices available to couples. The Fund further recognizes that integrated programmes must address the family planning and reproductive health concerns of adolescents, who urgently need information and services that can help protect them from unwanted pregnancies, unsafe abortion and sexually transmitted diseases.

### 3. Strengthening IEC in support of family planning

20. In order to assess the strengths and weaknesses of IEC activities in support of family planning programmes, UNFPA organized a thematic evaluation of seven IEC projects in five countries: Comoros, Rwanda and Zambia in Africa; and India and the Philippines in Asia. The projects fell into two categories: MCH/FP projects with an integrated IEC component; and IEC projects specially designed to support MCH/FP activities. The evaluators also drew upon evaluation and programme review reports on nine additional projects to obtain supplementary information.

21. The evaluation found that both types of projects had contributed to improving the level of knowledge and practice of family planning. In general, however, the projects were found to be overly ambitious, with too many objectives and an unrealistic time-frame within which to achieve them, a not uncommon problem with projects in other sectors as well. Moreover, indicators of success tended to be quantitatively rather than qualitatively oriented. In the projects with IEC components, it was not always clear how the IEC component would be integrated into the MCH/FP activities. The support IEC projects, on the other hand, did not usually ensure that the demand created would be matched by the services provided. In fact, the evaluation found that coordination in general tended to be weak, not only between service delivery and IEC activities in MCH/FP projects with integrated IEC components, but also between MCH/FP and IEC project personnel more generally.

22. In recognition of the importance of strengthening the link between MCH/FP and IEC activities, UNFPA prepared a technical note on the relationship between IEC and family planning service delivery. The note identifies six prerequisites for success. The first is collaborative planning. Service providers and IEC personnel must work closely together to identify the behavioural and attitudinal changes desired and the different population groups to be addressed. The second is strong and effective intrasectoral and intersectoral coordination. The third is complementary mass-media and interpersonal approaches: the use of mass media helps to legitimize and disseminate IEC messages; the use of interpersonal communications personalizes them. The fourth is a sound service delivery system capable of meeting the demand generated by IEC activities. The fifth is the effective integration and coordination of IEC and family planning activities. The sixth is the incorporation of monitoring and evaluation mechanisms in project design.

23. The Fund also issued a technical paper on developing IEC strategies for population programmes. The paper contained a 12-step approach to designing an effective strategy, which if applied in the project formulation, appraisal and monitoring stages would specifically address most of the shortcomings identified in the thematic evaluation. It also identified lessons learned from the Fund's

experience in population IEC, including those specifically oriented towards users of family planning and reproductive health services. Not surprisingly, good interpersonal communication and counselling skills were found to be a prerequisite for effective and continued use of MCH/FP services, increased contraceptive prevalence and the acceptance of safer sexual practices.

### 4. Linking women's economic activities and reproductive behaviour

24. Economic independence for women has long been recognized as a key to limiting fertility. The ability to earn income helps to create alternatives to early marriage and early and frequent child-bearing. It also increases the opportunity costs of women's time and the "cost" of children, enhances women's status and self-esteem, and increases a woman's ability to make her own decisions, including those concerning child-bearing and contraception.

25. One of the ways in which UNFPA seeks to link family planning activities with efforts to enhance women's ability to earn income is through experimental projects that help women set up micro-enterprises. The projects typically help women secure credit; provide technical assistance and training in managing small businesses; and promote the use of family planning. (Micro-enterprises are unincorporated business activities that are undertaken by individuals, households or groups and require a limited number of employees. They are generally part of the informal sector and include, for example, off-farm employment, manufacturing and commerce.)

26. In early 1993, UNFPA published a comprehensive assessment of the Fund's experience with micro-enterprise projects for women. The report culminated a year-long thematic evaluation that began with the development of an evaluation methodology, involved a desk review of all available documentation on 19 such projects, and ended with four evaluation missions to project sites in six countries: Egypt, Ghana, India, Kenya, Paraguay and the Philippines. The missions reviewed all primary and secondary project documentation, including loan records and project monitoring data; conducted focus-group interviews; visited client enterprises; and interviewed representatives of government agencies and non-governmental organizations.

27. The evaluation did not find precise data to affirm a direct link between increased income and reduced fertility. However, it did show that when project inputs reached women and when women had access to family planning services, the projects appeared to contribute to increases in income and changes in reproductive behaviour. It also found that increases in income can accelerate demand for family planning and maternal and child health services. At the same time, however, the evaluation showed that specialized technical expertise was required to design population projects with micro-enterprise and income-generation components and a strong institutional capacity was required to implement them, both of which made the selection of implementing and executing agencies critical to the success of the activity.

28. The evaluation recommended that UNFPA continue to support micro-enterprise projects for women, giving preference to micro-enterprise activities that

clearly helped to achieve population objectives and that linked population components to strategies that had proved effective in increasing women's income. The evaluation further recommended that UNFPA-supported projects have explicit linkages to the Fund's country-level population programmes, especially to activities that seek to enhance women's reproductive rights, and ensure that there are family planning services available to meet the demand generated by the projects. The evaluation stressed that, as a primary strategy, UNFPA should introduce MCH/FP, as well as IEC and other population components, into existing micro-enterprise programmes and projects rather than design separate micro-enterprise/population projects on its own. The Fund should identify executing agencies that have the requisite technical capacity to ensure that projects are well designed, monitored and implemented, and select implementing agencies that have a proved track record in micro-enterprise activities.

## B. Information, education and communication

29. In 1994, UNFPA provided assistance to developing countries to implement 118 ongoing and new population education activities. The activities supported ranged from creating awareness and eliciting support among government officials and community leaders, to training a core technical staff and to teaching population education in schools.

30. A broad base of support for population education became evident in 1993 at the first International Congress on Population Education and Development, held at Istanbul, Turkey, at which 92 Governments strongly endorsed population education. As a result, the focus of activities in 1994 shifted away from advocacy and towards efforts to improve the quality and coverage of population education. This involved, inter alia, producing more effective teaching and learning materials; devoting more time and assistance to high-quality training; making greater use of educational television where feasible; and expanding training activities to reach teachers who had not yet been trained because of lack of funds.

31. A recent study conducted by UNFPA in a number of countries revealed two main shortcomings in current population education programmes: the lack of clear priorities in the topics covered; and the lack of clear objectives and desired outcomes. In response to these and related issues, UNFPA issued a technical paper reconceptualizing population education. The paper proposed specific approaches to topics perceived as sensitive or controversial; called for new ways to select key concepts and set priorities; and stressed the importance of ensuring that course content was clear and appropriate to both the socio-cultural context of the country and the age level of the students.

32. In addition to promoting population education activities in schools, UNFPA used other channels, such as adult literacy classes, workers education courses and agricultural extension programmes, to reach a variety of audiences. As a follow-up to the Fund's involvement in the Education for All Summit held at New Delhi in December 1993, UNFPA has begun to emphasize adult literacy activities that give priority to improving the literacy of girls and women, while promoting family planning and teaching key vocational skills. The Fund has also used parent-education programmes as a vehicle to help parents communicate better with

their children on such sensitive issues as human sexuality and contraception and to encourage parents to send their daughters to school.

33. UNFPA also provided support to peer-counselling activities directed towards adolescents and young women who had married at an early age. The peer approach proved to be an effective channel of communication, particularly in youth clubs, which were successful in several countries in conveying messages on family planning and responsible parenthood and in providing reproductive health-care counselling and services.

34. In 1994, UNFPA directed greater attention to the issue of male involvement in reproductive health care, including family planning. Initial findings from a review of the activities of organizations that work in this area indicate that such organizations tend to focus on male contraceptive methods and their use, but give little attention to the role of men as partners in reproductive health care. UNFPA will therefore continue to emphasize the importance of male involvement in reproductive health, particularly in view of the fact that most resources for family planning are still allocated to services for women.

### C. Data collection and analysis, and population and development

35. During 1993 and 1994, UNFPA continued to assist developing countries in enhancing their capabilities to generate and analyse population data in support of national population and development activities. The Fund's capability to provide technical assistance has been further strengthened by the appointment of specialists in data collection, processing and analysis to the Fund's country support teams. As a result of the broadening of the scope of population and development activities called for in the Programme of Action, UNFPA has accordingly begun to revise the modalities and scope of its support to cover such areas as basic data collection; social, economic and cultural research and analysis; monitoring; and the interrelationship of population, development and the environment.

36. To ensure that developing countries will be able to obtain the maximum benefit from developments in methodologies and from technological innovations, UNFPA maintains and promotes an ongoing dialogue with specialists from both developed and developing countries. The technical support teams of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat are playing a crucial role in preparing summaries of state-of-the-art developments in census taking, household survey execution, and civil registration and vital statistics.

37. UNFPA continued to provide assistance to developing countries to develop appropriate technologies to analyse, present and disseminate data. It is envisaged that new, user-friendly, technologically appropriate techniques of presenting data will be further developed, in particular in view of the international consensus on the need for more sophisticated population and development databases.

38. In 1993 and 1994, UNFPA continued to fund activities in support of population policy formulation and development planning in most developing countries. The bulk of these activities concentrated on institution-building and were carried out in sub-Saharan Africa, a region where population policy formulation is still evolving. These efforts benefited from the information provided from the monitoring of national population policies regularly carried out by the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat.

39. The operational and institutional means of integrating population factors into the development process came under increasing scrutiny, first at a round-table discussion convened jointly by the Economic and Social Commission for Asia and the Pacific and UNFPA in November 1993, and subsequently in the policy dialogue leading to the Cairo Conference. As a result, greater emphasis is being placed on policies and programmes that encourage grass-roots participation, involve local communities and facilitate efforts to empower women. Decentralized planning and a shift towards policy-making at subnational and local levels are also being increasingly featured in multilateral assistance, whose aim is to institutionalize the integration of population factors into development planning.

40. A series of UNFPA-supported studies being undertaken by the Population Division continued through their third year of implementation. As part of a study on excess mortality of the female child, the Division prepared an extensive bibliography of materials dealing with this topic and will publish a study on sex differentials in infant and child mortality and its determinants. For a study of the family-building process in 15 countries, the Division undertook an analysis of the literature, designed computer programs to analyse data, and tested the study's methodology in Colombia and Kenya. For a study on international migration, the Division conducted an extensive review of the literature and completed the framework for the survey report. The Population Division also continued to disseminate population information and data through its Population Information Network (POPIN) Gopher, including relevant documentation generated during the International Conference on Population and Development.

41. The Statistical Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat continued to develop, distribute, service and provide training for a number of population-related computer software packages. The aim has been to provide software packages where commercial software is not readily available. The Statistical Division has been particularly successful in developing the POPMAP software package, especially when used as part of a management information system (MIS) for family planning services and census operations. The use of such software packages has been enhanced through regional training workshops in Chile and Senegal. The Statistical Division has also been evaluating the geographical information systems (GIS) software, testing different applications in the areas of population research, census activities and MIS activities.

42. The Statistical Division conducted research on developing statistics on women and development. The database, known as the United Nations Women's Indicators and Statistics Database for microcomputers (WISTAT), provides access

to a wide range of data on social and economic issues relating to women and is the main source of statistics for reports prepared by the Commission on the Status of Women and the Committee on the Elimination of Discrimination against Women. The Division has begun preparations to upgrade the database in the light of the Fourth World Conference on Women (Beijing, September 1995). The Statistical Division has also been working in close collaboration with the World Health Organization (WHO), the International Institute for Vital Registration and Statistics, and UNFPA in implementing an international programme for accelerating and improving vital statistics and civil registration systems. The activities seek to strengthen the technical and managerial capabilities of developing countries to organize, maintain and operate comprehensive vital statistics and vital registration systems.

43. During 1993 and 1994, the UNFPA Global Training Programme on Population and Development continued to provide training in the field of population and development. In 1993, 85 participants (41 of them women) from 54 countries completed a one-year training session at the Programme's four long-term training centres. In 1994, 100 participants (43 of them women) from 59 countries took part in the training. In 1993, the Global Programme expanded to include a fifth training centre, which was established at the Cairo Demographic Centre in cooperation with the Egyptian Government. The first training session started in October 1993 with 20 participants from 15 developing countries. In October 1994, the training centres in Belgium and the Netherlands were transferred, respectively, to the Institut national de statistique et d'économie appliquée at Rabat, Morocco, and to the University of Botswana at Gaborone. At present, preparations are under way to establish training programmes at the two new sites.

## D. Strategic programming and technical assistance

44. The review and assessment of programme strategies and the evaluation of programme performance are part of a continuum to enhance the impact and effectiveness of programmes. They are also at the core of the Fund's programme review and strategy development (PRSD) exercise. Programme performance and effectiveness, in turn, are enhanced by high-quality technical assistance. The Fund's principal mechanism for providing such technical assistance at the country level is the UNFPA country support team (CST), of which there are currently eight in operation. The work of the teams is complemented by specialists and coordinators located in the United Nations and its regional commissions, at the headquarters of United Nations specialized agencies and at WHO regional offices.

45. UNFPA's report to the Population Commission at its twenty-seventh session (E/CN.9/1994/8) provided a detailed description of the PRSD exercise and the evolution of the UNFPA country support teams. The present report provides a brief summary of the Fund's experience to date with these two important programming tools.

## 1. Programme review and strategy development

46. In 1993, UNFPA reviewed its experience with the PRSD exercise. The objective was to identify ways to further strengthen the effectiveness of the exercise and to make optimal use of the findings and recommendations in the formulation of corresponding country programmes.

47. The review found that the PRSD exercises had yielded a wealth of data, enhanced the understanding of the population dynamics in the countries reviewed, and facilitated the planning, design and implementation of national population programmes. It further found that the objectives and strategies of the corresponding UNFPA country programmes were clearly based on the PRSD recommendations. However, the review suggested ways to improve the usefulness of the recommendations, both by making them more explicit and by establishing clear priorities. Although the recommendations generally were found to be specific to the needs of the country reviewed, it was recommended that the strategies developed should be more comprehensive and take greater account of analyses of national capacities in various sectors, of constraints to population programme implementation, and of the overall national development context.

48. In general, the review found that much energy and attention had been focused on activities specific to organizing and conducting the PRSD mission, but not enough on critical preparatory and follow-up activities. None the less, the missions more effectively achieved their purpose when the Government had been actively involved in the process and when the missions had worked in close collaboration with the UNFPA field office.

49. The review reaffirmed the PRSD exercise as an essential element in population programming. The lessons learned from the review are being used to help strengthen the Fund's programme development process. UNFPA is thus taking care to generate and maintain population programme data on a country-by-country basis; clearly define the roles and responsibilities of those involved in the process; clearly delineate the various phases in the programming process; and refine and improve the tools used in programme monitoring and evaluation.

## 2. Technical support services

50. As requested by the Governing Council of the United Nations Development Programme (UNDP) and UNFPA, in its decision 91/37, 2/ the Executive Director arranged for an independent evaluation of the Fund's successor support-cost arrangements, which had been approved by the Governing Council in that decision. The objectives of the evaluation were (a) to assess whether the role and objectives of the Fund's technical support services (TSS) system were being fulfilled; (b) to determine if the TSS system was working as intended; (c) to assess whether the system was meeting the demands for technical support services; and (d) to examine organizational issues such as regional needs, composition and size of UNFPA country support teams and possible options for the future configuration of the teams.

51. The objectives of the Fund's TSS system are fourfold:

(a) To improve the availability of technical knowledge, analysis and research for use in population policies and programmes;

(b) To contribute to an integrated and coordinated multidisciplinary approach to population;

(c) To accelerate the achievement of national self-reliance through the use of national and regional expertise;

(d) To ensure close interaction of research and analytical work with institutional activities.

52. The evaluation team conducted field missions to each of the Fund's eight country support teams as well as to 28 countries covered by the teams. Team members consulted government officials and national programme staff, UNFPA country directors, CST team leaders and members, as well as a wide range of country-level personnel from agencies and organizations active in population activities in the countries visited. They also conducted interviews with TSS specialists and coordinators at participating United Nations agency headquarters and regional offices, whose major function is to provide country support teams with information and research in support of team efforts at the country level.

53. The evaluation team found that the concept of the CST system had been welcomed by all those concerned. The CST system of advisers was a major improvement over the previous system of regional advisers, providing more effective and timely backstopping of UNFPA projects. The teams had been most effective in providing technical support for project formulation and monitoring but less successful in building national capacity - primarily because of the heavy workload of CST advisers.

54. The evaluation team made numerous recommendations for improving the TSS system at the country, regional and headquarters levels. For example, it recommended that UNFPA field offices should be strengthened in both programme management and administration, and that Governments' capacity to manage programmes should be strengthened by using programme funds to place project and programme managers in key operational and coordinating ministries. At the regional level, the team recommended that UNFPA review the composition of all country support teams and TSS headquarters units, together with all personnel funded under the TSS system, and make greater use of TSS specialists. The team recommended at the headquarters level that the Fund clarify the role of the country support team in agency-executed projects and review TSS guidelines to ensure that top priority was given to national capacity-building and that national competence was fully utilized before using CST advisers.

55. UNFPA will report to the Executive Board in 1995 on its experience with the TSS arrangements, including the findings and recommendations of the independent evaluation.

## II. TOPICS OF SPECIAL INTEREST

### A. Update of the UNFPA review and assessment exercise

56. In response to Governing Council decision 93/27 A, 3/ UNFPA updated its original review and assessment exercise, which had examined what had or had not worked in the population field over the 20-year period from 1969 to 1989, and identified the factors responsible for success or failure of national population programmes in three key areas of the UNFPA work programme: (a) population data, policy development and planning; (b) maternal and child health and family planning (MCH/FP); and (c) information, education and communication (IEC).

57. The 1993-1994 update reaffirmed the continuing relevance of the policy implications of the findings and recommendations of the original review and assessment, which had stressed, inter alia, that countries had to obtain needed political support, introduce strategic planning and programming, diversify the agents for demographic change (e.g., by including non-governmental organizations, community and religious organizations and women's groups) and strengthen resource mobilization. The update further reaffirmed that the review and assessment had anticipated a main thrust of General Assembly resolutions 44/211 and 47/199, stressing the importance of developing a national plan to serve as a framework for coordinating all population activities within a country and emphasizing the need to rapidly strengthen national capacity to manage such a plan.

58. The update identified a number of issues that still required further elaboration and coordinated and concerted action. These included the need (a) to improve the quality of family planning programmes and to provide family planning services within the framework of reproductive health-care services; (b) to strengthen policies and procedures for matching resources to evolving needs at the country level, including the need to redefine the roles of countries with successful programmes; (c) to improve strategic planning and programme implementation; and (d) to mobilize additional resources to help countries meet the basic needs of their population programmes. The update also identified several other important issues, including the need to obtain accurate estimates of contraceptive requirements and to devise ways to meet those requirements, to address special problems associated with the ageing of populations, and to formulate policies and provide assistance and services responsive to the needs of refugees and recent migrants.

59. The update noted that the integrated reproductive health care/family planning perspective went beyond the absence of disease or disorders of the reproductive process and implied that reproduction should be carried to a successful conclusion. It included the reproductive health needs of men and of adolescents and involved extending services to all women of reproductive age as well as to those beyond reproductive age who might require care for the after-effects of illnesses associated with their child-bearing years.

60. The update further suggested that reproductive health care should be the linchpin of integrated programmes around which related services and activities should be structured and coordinated. For example, IEC activities should seek to involve men more fully in family planning and reproductive health-care

activities and should be designed to assist both adults and adolescents in making free and informed decisions concerning their sexual and reproductive lives. The update also recommended that population IEC programmes should develop strategies to enable couples, families and youth to discuss population and reproductive health issues openly and honestly.

61. Two of the other findings of the update also hold particular significance for the work of UNFPA: the need to strengthen policies and procedures for matching resources with evolving needs at the country level; and the need to improve strategic planning and programme implementation. The importance of the first was reaffirmed by the General Assembly in its resolution 47/199, which noted the need for priority allocation of scarce grant resources to programmes and projects in low-income countries, particularly the least developed countries (para. 4). Such priority allocation of resources has long been a concern of UNFPA, as reflected in the Fund's extensive experience in implementing its priority country system. That system has enabled UNFPA to be flexible in responding to changing economic and demographic situations and to concentrate its resources in countries with the most critical needs.

62. The success of population programmes in many countries is also an important factor in matching resources with evolving needs. A number of developing countries have either met or surpassed the goals set forth in the Programme of Action, and an even larger number will attain similar levels of success within the next few years. Taken together, these successful programmes not only demonstrate individual achievements, but also add greatly to the pool of human and technical resources that can be mobilized to help countries address their population issues. These successful countries, however, may no longer require external assistance for comprehensive population programmes, as they have been able to commit high levels of internal resources to meeting the needs of their people.

63. The update identified the Fund's PRSD exercise and TSS arrangements as integral components of efforts to improve strategic planning and programme implementation. Both heighten UNFPA's comparative advantage and maximize the impact of the assistance it provides, as well as that provided by other agencies and organizations. Both also seek to improve the Fund's effectiveness and efficiency in delivering assistance, strengthen its capacity to provide policy guidance and technical assistance and advice, and help countries build up their capacity to execute programmes and projects. The PRSD exercise and the UNFPA country support teams also serve important monitoring functions.

### B. Update on global contraceptive requirements for 1994-2005

64. In response to Governing Council decision 91/35 A, 2/ UNFPA updated the global estimates of contraceptive requirements in developing countries, building upon the estimates contained in the report of the Executive Director of the Fund on contraceptive requirements and demand for contraceptive commodities in developing countries in the 1990s (DP/1991/34), submitted by the Governing Council at its thirty-eighth session. The update incorporated the latest data from the United Nations, the Demographic Health Surveys, the in-depth studies

conducted under the UNFPA Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s and other sources, and included estimates of condom requirements for HIV/AIDS prevention prepared by the World Health Organization Global Programme on AIDS. The global estimates provided below are based on 1992 United Nations population projections and must therefore be adjusted periodically to reflect subsequent projections.

65. UNFPA presented a summary of the findings of the update to the UNDP/UNFPA Executive Board at its annual session, in June 1994 (DP/1994/47). The summary examined seven key factors: contraceptive use by married women; method use; contraceptive use among all women; contraceptive commodity requirements; cost of contraceptive commodities; sources of supply; and projections of condom requirements for the prevention of sexually transmitted diseases and AIDS.

66. The update estimated that the number of married women of reproductive age in developing countries would increase by about 14 million a year, for a total increase of 169 million, or 21.5 per cent, in the period 1994-2005. Thus, if contraceptive use among married women were to remain at the 1994 level of 56.8 per cent, the number of married women using contraceptives would increase by 96 million between 1994 and 2005, from 446 million to 542 million.

67. In order for population growth to remain in line with the 1992 United Nations medium projection, which forecasts an addition of 950 million persons by the year 2005, a modest increase in contraceptive prevalence would have to take place in developing countries, from 56.8 per cent to 63 per cent. This increase of about one half of 1 per cent a year in contraceptive prevalence, combined with the increase in married women of reproductive age, yields an increase of 157 million contraceptive users, bringing to 603 million the total number of married women using contraception by the year 2005.

68. In order to attain the 1992 United Nations low-population projection, the number of contraceptive users would have to reach 622 million in the year 2005, 176 million more than in 1994. The very ambitious goal of attaining replacement fertility for each country in the world would require 269 million additional users in 2005, 60 per cent more than the number in 1994.

69. It is estimated that of the 446 million current users in developing countries, 200 million (45 per cent of all users) are protected by sterilization. IUDs are the second most used contraceptive method, by 112 million women (25 per cent of all users). The pill is used by more than 51 million women (12 per cent of all users), the condom by almost 25 million couples (6 per cent), and injectables by 10 million women (2.2 per cent), although such use is probably increasing relatively rapidly (the remaining 47 million contraceptive users use traditional methods).

70. Method mix differs markedly by region. For example, in Asia, sterilization and IUDs account for 76 per cent of users; in Latin America, 38 per cent use sterilization and 28 per cent use the pill. In both sub-Saharan Africa and the Arab States and Europe, the pill is the most used method (26 per cent and 31 per cent, respectively). The largest proportionate use of injectables is in sub-Saharan Africa, accounting for some 13 per cent of all users.

71. Estimates of contraceptive commodity requirements for the period 1994-2005 are 196 million sterilization procedures; 436 million IUDs; 898 million doses of injectables; 12.3 billion cycles of pills; and 55.7 billion condoms. The estimated annual cost of such contraceptive commodities for family planning would increase from $528 million in 1994 to $752 million in the year 2005. The total for the 12-year period 1994-2005 is estimated to be $7.7 billion and averages just over $640 million a year. This compares to $5.1 billion for the 10-year period 1991-2000 presented in the original estimate of global requirements in 1991, averaging $510 million a year.

72. An additional 14.6 billion condoms for the prevention of AIDS and other sexually transmitted diseases are estimated to be required for the period 1993-2005, at a cost of $406.5 million. Thus, the total cost of commodities, including condoms for HIV/AIDS prevention, is estimated at $8.1 billion for the period. The breakdown by method, calculated in current average costs for purchases on the international market and assuming no escalation in cost, is as follows: pills, $2.5 billion; sterilization procedures, $2 billion; condoms, $1.95 billion ($1.55 billion for family planning and $0.4 billion for the prevention of sexually transmitted diseases and AIDS); injectables, $907 million; and IUDs, $733 million.

73. Governments supply about 86 per cent of all modern methods used in developing countries: 95 per cent of clinical methods (sterilization and IUDs), 57 per cent of pills and 47 per cent of condoms. In Asia, Governments furnish the supplies for more than 90 per cent of sterilization and IUDs, almost 80 per cent of users of pills, more than two thirds of users of injectables and about half of condoms. Sixty-five per cent of contraceptive users in sub-Saharan Africa receive supplies from Governments, primarily injectables, pills and IUDs; the private sector accounts for 47 per cent of sterilizations and 64 per cent of condoms. In Latin America, 62 per cent of users of modern methods (including more than 80 per cent of users of the pill, injectables and condoms) receive their supplies from the private sector. Similarly, in the Arab States and Europe, 58 per cent of users receive their supplies from the private sector (including more than three fourths of all condom users and two thirds of all pill users).

### C. HIV/AIDS prevention activities

74. The prevention and treatment of sexually transmitted diseases, including HIV/AIDS, is an integral component of reproductive health care. It is also an important concern of the UNFPA programme and a focus of considerable inter-agency collaboration.

75. UNFPA helped organize a round table to discuss the impact of HIV/AIDS on population policies and programmes, which was held at Berlin in September/October 1993 under the auspices of the Policy Development Forum of the German Foundation for International Development. The Fund prepared the main background document for the round table, which was organized as part of the preparatory process for the International Conference on Population and Development. The round table recommended, among other things, that Governments and the international community should commit themselves to fighting against HIV/AIDS as

an essential part of sound population and related family planning policies. It took issue with the view held by some that AIDS will take care of the population problem, calling it completely erroneous. The round table called for a firm political commitment to women's empowerment, and stressed the need to enhance women's ability to take control over their own reproductive and sexual lives.

76. During 1994, the Fund prepared and distributed the 1993 AIDS Update, an annual publication highlighting UNFPA's support for HIV/AIDS prevention activities around the globe. The Update provided information on UNFPA assistance in four areas: supply of condoms; training for MCH/FP service providers; HIV/AIDS information and education as part of in- and out-of-school population education programmes; and public information and education activities. The Update was sent to representatives of Governments, non-governmental organizations and academic institutions and was distributed at the annual session of the UNDP/UNFPA Executive Board, held at Geneva in June; the annual Consultative Group Meeting on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s; the Tenth International Conference on AIDS, held at Yokohama, Japan, in August; and the World AIDS Day ceremony at United Nations Headquarters.

77. UNFPA participated actively in the working group meetings to discuss the establishment of a joint and co-sponsored United Nations programme on AIDS. The meetings culminated in the submission of a report to the WHO Executive Board in January 1994. In July, the Economic and Social Council, in resolution 1994/24, endorsed the establishment of the programme and urged the six co-sponsors to initiate programme activities at the country level as soon as possible. UNFPA, in conjunction with the other co-sponsors, has been engaged in the transition process leading to the full implementation of the programme, scheduled for January 1996. This has included the assignment of a senior technical officer to the Geneva-based transition team to assist in the preparation of a comprehensive proposal, to be submitted to the Council in January 1995 (see Council resolution 1994/24, para. 9).

78. UNFPA also participated in meetings of the Inter-Agency Advisory Group on AIDS and the Management Committee of the WHO Global Programme on AIDS in order to promote and enhance coordination of HIV/AIDS prevention activities. The Fund also provided financial support to the WHO Task Force on HIV/AIDS Coordination for the publication of the biennial report on HIV/AIDS activities.

79. UNFPA worked closely with the WHO Global Programme on AIDS in preparing estimates for condom requirements for HIV/AIDS prevention as part of in-depth studies in Bangladesh, Brazil, Egypt, the Philippines, Turkey and Viet Nam, undertaken within the framework of the Fund's Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. UNFPA also published and disseminated a technical report entitled Contraceptive Use and Commodity Costs in Developing Countries, 1994-2005, prepared in collaboration with the Population Council. The report includes estimates of condom requirements for the prevention of sexually transmitted diseases and AIDS, prepared by the WHO Global Programme on AIDS. A summary of the findings of the update of global estimates of contraceptive requirements in developing countries was provided in document DP/1994/47, submitted to the Executive Board at its annual session in June 1994 (see sect. II.B above).

80. In December, UNFPA organized an Expert Consultation on Reproductive Health and Family Planning: Directions for UNFPA Assistance. Inputs from this meeting, together with the recommendations of the Cairo Conference, will help UNFPA to further develop and enhance its support for HIV/AIDS prevention activities within the context of reproductive health.

### D. Status of UNFPA implementation of General Assembly resolution 47/199

81. During 1994, UNFPA built upon the progress made in previous years. For example, the Fund continued to address relevant concerns of resolution 47/199 in all policy planning, programming and training exercises, including, most notably, those dealing with the country strategy note, harmonization of programming cycles, the programme approach, national execution and national capacity-building, decentralization, programming guidelines and training.

82. UNFPA also continued to work closely with United Nations partner agencies and organizations through its involvement in the Joint Consultative Group on Policy (JCGP), the Consultative Committee on Programme and Operational Questions (CCPOQ) and the Consultative Committee on Administrative Questions (CCAQ) of the Administrative Committee on Coordination (ACC), and relevant inter-organizational training exercises at both the country level and the global level - notably the International Training Centre of the International Labour Organization (ILO) at Turin.

83. In line with the preparations for the Cairo Conference, UNFPA served as lead agency in conducting inter-agency training in management coordination for senior United Nations field representatives in May 1994 at the ILO International Training Centre. The Executive Director gave the keynote address to the workshop that highlighted population and development issues.

84. Country strategy note. UNFPA participated in JCGP and CCPOQ working groups to draft guidelines covering United Nations contributions to the country strategy note. In October 1993, selected UNFPA field staff participated in a workshop held at the ILO International Training Centre as part of the process of drafting system-wide guidelines. UNFPA continues to be a key partner in the national country strategy note exercises in numerous developing countries, including Brazil, Costa Rica, El Salvador, Ghana, Honduras, Jamaica, Morocco, Nicaragua, Panama, the Sudan, the Syrian Arab Republic and Tunisia. In addition, UNFPA, UNDP and the United Nations Children's Fund (UNICEF) agreed to fund an umbrella project on a United Nations system integrated approach to technical assistance activities in support of the country strategy note process. The Fund, as lead agency at the International Training Centre's Twelfth Management Coordination Workshop, in May 1994, ensured that population issues were integrated into country strategy note training exercises.

85. Harmonization of programming cycles. As follow-up to the joint letter sent by the executive heads of UNICEF, UNDP and UNFPA to their respective field offices, UNFPA convened working groups on harmonization of programming cycles for Latin America and the Caribbean, Western Asia and Northern Africa. The

working groups continue to monitor the work plans and deadlines agreed to by all participating inter-agency parties.

86. Programme approach. UNFPA continued to participate in JCGP and CCPOQ efforts to elaborate a framework to help United Nations organizations reach an agreement on a system-wide interpretation of the programme approach. In Egypt, UNICEF, UNDP and UNFPA signed an agreement on an integrated development package with the Governorate of Assiut. In Bangladesh, UNICEF and UNFPA are working on an integrated planning model, which will include modules on literacy, nutrition, health and the status of women. In 1994, UNFPA participated in study missions organized by the United Nations to review the experiences of selected countries in order to find ways of accelerating progress in the area of the programme approach. UNFPA has also shared the lessons learned in developing programme strategies.

87. National execution and national capacity-building. The UNFPA country support teams continued to make use of national expertise and national institutions as a source of technical assistance in implementing population activities. The teams prepared rosters of national experts to be used as consultants and trained national counterparts - both formally, through workshops, and informally, as participants/observers on collaborative technical assistance missions. National execution of projects is also stressed in the UNFPA country programmes submitted to the Executive Board. UNFPA will continue to provide support to expand the capacity of countries to undertake national execution.

88. Decentralization. UNFPA revised its guidelines on decentralization, considerably expanding programme approval authority at the field level. As a result, in the first 10 months of 1994, some 64 per cent of the total country project approvals were accounted for by the UNFPA country directors. Overall, during the same period, decentralized approvals of such projects at headquarters and in the field accounted for close to 79 per cent of total project approvals, compared with 43 per cent in the first 10 months of the previous year. Moreover, the Fund extended total programme approval authority, on a trial basis, to 12 countries or areas (Algeria, Bangladesh, Burkina Faso, Ethiopia, Honduras, Malawi, Pakistan, Peru, Philippines, Senegal, South Pacific subregion and Syrian Arab Republic). UNFPA will extend such approval authority to other countries as appropriate. The Fund also recently decentralized two important functions to the field: the handling of travel arrangements for UNFPA consultants hired in the field; and the hiring of national project staff.

89. Training. UNFPA supports and will continue to participate in relevant inter-organizational training exercises at the country level and at the ILO International Training Centre at Turin. The Fund contributes funding, training advice and expertise to help strengthen the Centre's work on collaborative training for the United Nations system. UNFPA participated in the Workshop on the Programme Approach, held at the Centre, and acted as lead agency in the Centre's Twelfth Management Coordination Workshop, which highlighted population issues. In Bangladesh, the JCGP partner organizations have agreed to pursue an integrated approach to training United Nations staff. In several countries, field committees under the leadership of the resident coordinator are exploring joint training exercises on such issues as national execution, national

capacity-building, HIV/AIDS prevention, safe motherhood within the context of reproductive health, and women in development.

90. Evaluation and management audit. UNFPA participates in the Inter-Agency Working Group on Evaluation, which is currently developing guidelines for collaboration in the area of evaluation. UNFPA also participates in the JCGP Working Group on Management Audit Systems. The Working Group submitted a report to JCGP, highlighting common elements and standard auditing practices among the JCGP partner organizations. The Working Group also adopted a common definition of management auditing. The report was accepted as the basis for reporting to the Economic and Social Council on management audit systems within the context of General Assembly resolution 47/199. UNFPA, along with UNICEF, the World Food Programme and UNDP, commissioned a study on financial and programme accountability.

## III. FINANCIAL AND ADMINISTRATIVE MATTERS

### A. Financial highlights

91. Total income in 1993 decreased by $18.6 million, or 7.8 per cent below the 1992 income of $238.2 million. Total contributions pledged by 101 Governments in 1993 reached $216.6 million, a decrease of $17.2 million in dollar terms, or 7.4 per cent below the $233.8 million pledged in 1992. Interest income amounted to $3.9 million, or 1.8 per cent of total income. Funds channelled through cost-sharing arrangements totalled $0.3 million, while other miscellaneous income and adjustments, including revaluation of currencies and gains/losses on currency exchange, totalled minus $1.2 million.

92. Total expenditures in 1993 were $203.5 million, an increase of $9.9 million, or 5.1 per cent, compared with 1992 expenditures. Programme expenditures in 1993, which amounted to $158.4 million, constituted 77.8 per cent of total expenditures, compared with $151 million, or 78 per cent, in 1992. Technical support services and administrative and operational services (AOS) costs, including UNFPA support services expenditures, totalled $24.1 million in 1993, or 11.8 per cent of total expenditure, compared with $22.8 million, or 11.8 per cent of total expenditure in 1992.

93. Prior to 1992, UNFPA reimbursed United Nations executing agencies for support costs at a rate of 13 per cent of the total project expenditure executed by the agency. Moreover, some of the costs of technical advisers covered under the Fund's new TSS arrangements, which took effect in January 1992, were financed from intercountry projects. In 1993, as in 1992 and 1991, total AOS costs were composed of three elements: reimbursements to United Nations executing agencies for support costs; payment of overhead charges to non-governmental organizations executing UNFPA-financed projects; and reimbursements to UNFPA for support and procurement services provided to government-executed projects.

94. In 1993, the United Nations executing agencies, including the regional commissions, executed projects amounting to $43.5 million, compared with $50.1 million in 1992. Governments, with the assistance of UNFPA field offices,

executed $21.2 million in 1993, compared with $27.5 million in 1992. Expenditures for government-executed projects in 1993 did not include $16.6 million of advances to Governments, which at year-end were held by Governments and not reported as expenditure. UNFPA-executed projects totalled $49.9 million in 1993, compared with $31.2 million in 1992. Project expenditures for projects executed by non-governmental organizations, including intergovernmental institutions and other agencies, were $19.7 million in 1993, compared with $19.4 million in 1992. Expenditures for projects executed by non-governmental organizations in 1993 did not include $6.1 million of outstanding advances to non-governmental organizations, which at year-end were held by those institutions.

95. Projects executed by the United Nations and its specialized agencies and regional commissions amounted to $43.5 million, or 32.4 per cent of total project expenditures of $134.3 million in 1993. Governments executed $21.2 million, or 15.8 per cent of project expenditures in 1993. Non-governmental organizations, including intergovernmental institutions and other agencies, executed $19.7 million, or 14.7 per cent of project expenditure in 1993.

96. The total administrative and programme support services expenditure, comprising headquarters administrative and programme support costs and total field office costs, amounted to $45.1 million, or 22.2 per cent of total expenditures, compared with $42.6 million, or 22 per cent of total expenditures in 1992. The field office expenditure on administrative and programme support services in 1993 totalled $20.5 million, compared with all field office costs of $18.8 million in 1992.

### B. Administration and personnel

97. As of January 1994, in accordance with Governing Council decisions 85/20, 86/35, 87/31, 88/36, 89/49, 90/36, 91/36, and 93/28, 4/ the total number of authorized budget posts was 837, comprising 304 Professional staff (including 124 national programme officers) and 533 General Service staff. These include 105 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts at Geneva and 197 Professional posts (including the 124 national programme officers) and 396 local General Service posts in the field.

98. The percentage of women on UNFPA's Professional staff at headquarters and in the field reached 44 per cent in 1993, one of the highest percentages among United Nations agencies and organizations.

## IV. IMPLICATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT FOR THE UNFPA PROGRAMME OF WORK

99. The Programme of Action adopted by the International Conference on Population and Development 1/ has important policy and programme implications for UNFPA, in particular as they relate to the policy orientations, programme focus and programming strategies of the Fund.

100. The Programme of Action has specific implications for UNFPA's policy orientations. Perhaps first and foremost is the need to base population programmes on individuals' needs and desires rather than on demographic targets and to place paramount importance on ensuring quality of care. This requires, among other things, improving the quality of training in reproductive health and related areas; expanding the range and quality of services; and promoting the greater involvement of national and subnational non-governmental organizations and women's groups in the design, implementation and monitoring of programmes, as well as the increased use of socio-cultural research to develop training and IEC programmes.

101. Another important policy concern is to consolidate and deepen development partnerships at both the national and international levels. The aim is twofold: to maximize the impact of development cooperation by taking advantage of an effective division of labour and of the specific areas of competence of the various partners (governmental, non-governmental, private sector, multilateral, bilateral); and to ensure a greater level of national and local participation in and ownership of population and development programmes. This will also greatly facilitate UNFPA's efforts to address two related policy concerns: (a) to ensure that the broad-based support and sense of ownership for population and development programmes generated by the Cairo Conference is maintained, nurtured and expanded; and (b) to help create an environment conducive to formulating and implementing integrated population and development programmes.

102. Based on the content and direction of the Programme of Action and in view of the recommendations of internal and external assessments of UNFPA's programme, the Fund plans to adopt a thematic, rather than sectoral, approach, focusing primarily on three major themes: (a) reproductive health and family planning; (b) gender, population and development; and (c) population and sustainable development.

103. The aim would be to develop a holistic approach in addressing the specific population and development situation in each country. This implies, inter alia, that where well-established family planning programmes exist, such programmes can serve as the basis for a primary health-care system that includes expanded reproductive health care. The activities in the area of reproductive health would concentrate on improving upon traditional maternal and child health services by adopting a more comprehensive reproductive health-care approach that included family planning. The longer-term goal would be to provide a comprehensive set of quality reproductive health-care services covering all stages of people's lives, from adolescence through adulthood.

104. The Programme of Action gives UNFPA broader scope in terms of women, population and development activities, especially as concerns advocacy in all areas relating to improving the status of women. The Fund will thus actively advocate a holistic approach to empowering women, integrating efforts to improve women's health, literacy and education, both formal and vocational, with wider efforts to reduce social, legal, cultural and economic disparities based on gender. Such an approach will focus on providing reproductive health services for poor and disadvantaged women, while seeking to improve their ability to earn income and obtain credit. Other priority areas for UNFPA will include IEC efforts to eliminate all forms of discrimination against the girl child,

eliminate traditional harmful practices against girls and women, and increase male responsibility for reproductive health and family planning.

105. The scope of activities in the area of population and sustainable development policy should be broadened and linked with efforts in the areas of health, education, family planning, the condition of women, poverty alleviation and the environment - the aim being to make population policy truly an integral part of all other efforts towards sustainable development. This will require support for data collection and analysis, relevant socio-cultural and operations research, the creation and maintenance of relevant databases and support for policy formulation.

106. These activities will be supplemented and complemented by pertinent IEC activities, data collection and analysis, and socio-cultural and operations research. In all of these activities, special attention will be given to gender issues. For example, in the population education activities it supports, UNFPA will focus on changing gender-based stereotypes; in data-collection and analysis activities, the Fund will emphasize the use of gender-sensitive indicators.

107. In order to respond adequately to the challenges contained in the Programme of Action, the Fund proposes to take a number of measures to further strengthen its programming strategies. These measures fall into four broad but closely related areas:

(a) Accelerating the implementation of General Assembly resolution 47/199 and related programming measures, with an emphasis on building up national capacity to undertake national execution of programmes and projects;

(b) Expanding collaboration with and promoting coordination among UNFPA's development partners both within and outside the United Nations system, in particular with Governments and non-governmental organizations;

(c) Sharpening the strategic focus of UNFPA's assistance in line with the goals of the Cairo Conference;

(d) Upgrading the Fund's capacity to deliver its programme and to provide quality services and technical assistance.

108. In order to sharpen the strategic focus of its limited programme funds, the Fund plans to use pertinent goals of the Conference for the year 2015 as a basis for determining the nature of its programme support. For example, in countries that are already close to achieving the goals set forth in the Programme of Action, or have even surpassed them, UNFPA will strategically concentrate its assistance for such countries either on selected issues requiring further attention or on selected geographical areas that lag significantly behind the national average with respect to achieving the goals of the Conference. On the other hand, in countries that show the widest gaps between their present levels and the goals of the Conference, UNFPA will continue to provide assistance for more comprehensive country programmes.

109. Such an approach will allow UNFPA to focus its assistance on the specific needs of a given country, as has been recommended by various reviews of UNFPA's

programme. It will also enable the Fund to target its financial support to components directly related to the population package as defined in the Programme of Action of the Conference.

## V. FROM CAIRO TO BEIJING

110. The Cairo Conference emphasized the centrality of women. It recognized clearly that the empowerment of women was an important end in and of itself and that the goal of sustainable human development would be reached only with the full and equal participation of women in all aspects of the development process. The Conference resoundingly endorsed the full participation and partnership of women and men in sharing family and household responsibilities.

111. At Cairo, women were visible and their voices were heard. The Programme of Action mainstreams women throughout its 16 chapters and devotes one entire chapter to gender equity and the empowerment of women; principle 4, contained in chapter 2, states:

> "Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political, and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community."

112. As one of its principal preparatory activities for the Fourth World Conference on Women, to be held at Beijing in September 1995, UNFPA is fully committed to ensuring that the relevant portions of the Programme of Action of the International Conference on Population and Development are integrated into the Platform for Action of the Fourth World Conference on Women. UNFPA, in its advocacy and action programmes, will thus focus particular attention on achieving the quantitative goals of the Programme of Action of the International Conference on Population and Development, many of which directly pertain to the aims of the Beijing Conference, namely, the reduction of maternal, infant and child mortality; the provision of universal access to education, particularly for girls; and the provision of universal access to a broad range of quality reproductive health care and family planning services.

113. As part of its preparations for the Beijing Conference, UNFPA has been active at the interregional, regional and country levels. The Fund has participated in the various expert group meetings and, in particular, has provided funding to the United Nations Conference on Trade and Development to organize an Expert Group Meeting on Women in Development in the Least Developed Countries. UNFPA has also supported the Women's Feature Services, a news network, to enable it to undertake special initiatives focusing on the Beijing Conference.

114. At the regional level, UNFPA has been represented by senior staff from headquarters and field offices at all the regional preparatory meetings. In recognition of the importance of the participation of non-governmental organizations, UNFPA has provided assistance to members of women's non-governmental organizations to enable them to take part in those regional meetings. In connection with the regional meetings of the Economic Commission for Europe and the Economic Commission for Africa, UNFPA extended funding to the Commonwealth Medical Association to conduct a round table on women's reproductive health.

115. At the country level, UNFPA country directors have been working with national committees and local women's groups, making information materials available and providing funding to enhance their capacity to take part in the Beijing process.

116. During the coming months, UNFPA will intensify its activities in support of the Beijing Conference. As part of its awareness-creation activities, the Fund's 1995 State of World Population report will focus on the empowerment of women. The initial section of this report will consider in some detail the path from Cairo to Beijing. UNFPA will continue providing technical and financial support to the Statistical Division of the United Nations Secretariat for the updated edition of The World's Women, 1970-1990: Trends and Statistics, which is one of the official documents of the Beijing Conference.

117. The Executive Director has taken a number of steps to facilitate the process for the Fourth World Conference on Women. For example, she has seconded a senior staff member to the secretariat of the Conference and has arranged a number of briefings between that secretariat and the secretariat of the Cairo Conference.

118. UNFPA is fully committed to promoting gender equality, equity and the empowerment of women. The Cairo Conference made remarkable progress in this direction. UNFPA is confident that the Fourth World Conference on Women will build upon and amplify this progress.

## Notes

1/ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (A/CONF.171/13 and Add.1), chap. I, resolution 1, annex.

2/ Official Records of the Economic and Social Council, 1991, Supplement No. 13 (E/1991/34), annex I.

3/ Ibid., 1993, Supplement No. 15 (E/1993/35), annex I.

4/ Ibid., 1985, Supplement No. 11 (E/1985/32), annex I; ibid., 1986, Supplement No. 9 (E/1986/29), annex I; ibid., 1987, Supplement No. 12 (E/1987/25), annex I; ibid., 1988, Supplement No. 9 (E/1988/19), annex I; ibid., 1990, Supplement No. 9 (E/1990/29), annex I; and ibid., 1993, Supplement No. 15 (E/1993/35), annex I.

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